

Non-Resident Owner (Landlord) LEAD-SAFE CAMBRIDGE INTAKE FORM

Office Use Only
INFORMATION COMPILED BY:
DATE COMPILED:

Non-Resident Owner Information

Owner	Information
Name(s) of Owner	
Trust/Corporation/Partnership/Individuals	T C P I
Owner Street Address, Unit #	
Owner City/State/Zip	
Owner Telephone/Day	_____
Owner Telephone/Evening	
Owner's Other Contact Name (Property Mgr.)	
Other Contact Telephone	
How did you hear about LSC?	

Property Information

Property To Be Deleaded	Information
Property Street Address	
Property Unit #	
Property City/State/Zip	CAMBRIDGE, MA _ _ _ _ _
Total # of Units in Bldg	
Total # of Bedrooms in enrolled unit	
Year of Construction	

Tenant Information

Tenant	Information
Tenant(s) Name: (List as "Vacant " if unoccupied)	
Tenant Telephone	
Tenant Primary Language	
Is Any Member of the Household Pregnant?	Yes No Don't know
Total # of Occupants	
Total # of Children Under 6 Years Old	
Section 8 or Other Subsidy?	Yes No
LIST ALL ADDITIONAL OCCUPANTS Name: First, Last	<i>Describe Relationship to Tenant (spouse, son, daughter, etc.)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Non-Resident Owner (Landlord) LEAD-SAFE CAMBRIDGE INTAKE FORM

Other Property Information

Building	Information
Under Order to Delead? <i>(Circle One)</i>	Yes No
Violation Correction? <i>(Circle One)</i>	Yes No
Non-profit CDC involvement <i>(Circle One)</i>	None CNAHS CCHDI HRI JAS Other
Name/Phone for CDC Contact person:	_____
Extent of Additional Concurrent Work to be Done by CDC? <i>(Check One)</i>	<input type="checkbox"/> None <input type="checkbox"/> Pre-requisite work only <input type="checkbox"/> Weatherization/Housing code repair (<\$5,000) <input type="checkbox"/> Moderate rehab (<\$15,000) <input type="checkbox"/> Substantial rehab (<\$25,000) <input type="checkbox"/> Gut rehab (\$25,000+)

APPLICANT CERTIFICATIONS

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT'S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.

Applicant's Signature

Date

THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.

Applicant's Signature

Date

Non-Resident Owner (Landlord)
LEAD-SAFE CAMBRIDGE INTAKE FORM

Revised 05/04